# United States District Court

2019 APR 15 PM 3: 28

for the

Western District of Missouri

Kansas City Division

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William L. Fambrough	Case No. 4:19-CV-00292 - DGK
	(to be filled in by the Clerk's Office)
Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint.  If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	Jury Trial: (check one) Yes No
-V-	<u>.</u>
Uber Technologies Inc	
Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here)	

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	William L. Fambrough 6101 N Belleview Avenue			
Address				
	Kansas City	MO	64118	
	City	State	Zip Code	
County	Clay County, Missouri			
Telephone Number	(816) 471-1717			
E-Mail Address	Fambrough1954@gmai	I.com		

## B. The Defendant(s)

Defendant No. 1

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Name	Uber Technologies Inc		
Job or Title (if known)	C/O Tony West Senior VP/Chief Legal Ofcr/Secy		
Address	1455 Market Street - Suite 400		
	San Francisco	CA	94103
	City	State	Zip Code
County	County of San Francisco	, CA	
Telephone Number	Phone: 1-415-612-8582		
E-Mail Address (if known)	Fax: 1-877-986-2104	*	
	Individual capacity	✓ Official capacity	
Defendant No. 2			
Name			
Job or Title (if known)			
Address			
	City	State	Zip Code
County			
Telephone Number			2876745 40087
E-Mail Address (if known)			
	Individual capacity	Official capacity	

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Uber Technologies Inc used my race as the only basis to exclude me from their driver platform; even though I have one of the highest customer service ratings and longevity as a Uber driver in the Kansas City area. Uber Technologies Inc originally stated an Airport infraction as the cause but when that excuse fail through the cause was changed to covert racism, with the statement Uber's decision is final without any ability for me to mount a defense.

#### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur? The State of Missouri
- B. What date and approximate time did the events giving rise to your claim(s) occur? April 10, 2019, 10:37 pm.
- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Uber uses face recognition to verify the correct driver is using the correct driver account. It is universally known, face recognition apps have problems recognizing "Black" skin color. I work late nights for Uber. When asked to verify, I am in pitch darkness, the app does not recognize my selfie. To compensate for this flaw, I lighten my picture until the app recognizes that it is me. Uber favors whites who have no problem with the app over blacks who do, as shown by the reasons Uber states for my account deactivation: "Your identity photos are fraudulent because they seem like pictures of you instead of selfies of you and since you are the only person who can drive on your account we are deactivating your account." "Our decision is final" Uber asked for verification of who was driving. I sent verification I was driving. Unilaterally Uber decides to not accept my verification although they state the verification picture is me. No Uber rider has ever stated that I was not the driver who drove them using my account. Uber has not presented any evidence that anyone else other than me has used my account. My skin color is the only answer for my deactivation and this suit is my only recourse for Uber's adverse action.

## IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

This situation caused my migraines to escalate to the point where I had to stay in bed most of the time because I had taken the maximum migraine medicine recommended but still the migraines did not subside.

#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I request reinstatement of my deactivated Uber Driver Account without negative repercussions and reparations of actual and punitive damages in the amount of \$227,033.38.

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	04/14/2019		
	Signature of Plaintiff Printed Name of Plaintiff	William L. Fambrough	<del>distribution accessed to a second accessed to a se</del>	
В.	For Attorneys			
	Date of signing:	04/14/2019		
	Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address	Pro Se	finalibramanumum + + + +	
	Telephone Number E-mail Address	City (816) 471-1717 Fambrough1954@gmail.com	State	Zip Code